

# **NATIONAL HISPANIC COUNCIL ON AGING**

Improving the Wellbeing of Latino Older Adults:  
Recommendations and Solutions

Deliberations from the 2005 Hispanic Elderly Policy Symposium

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## **I. Priority Issues, Barriers and Solutions**

### **Income Security: Background**

Symposium presenters and participants strongly felt that income security was the top priority issue for the Latino elderly. It was considered to be a key factor that determines whether Hispanic seniors have meaningful access to quality health care, treatment, and medicine; decent and affordable housing, and transportation to take care of daily affairs.

Public education was identified as one of the most important components to ensuring that seniors have secure incomes. The need for programs that educate Hispanics at early ages on how to plan and save for later stages in life was mentioned to be a strategy for addressing this issue. An added difficulty experienced by Latinos in saving for retirement was the fact that this population tends to receive lower wages and have little discretionary income. A culturally appropriate strategy recognized to overcome that barrier is to invest in building networks and the infrastructure of Hispanic neighborhoods – primarily community-based organizations. These local agencies could provide training programs on financial planning and help Latinos use the Earned Income Tax Credit and the Saver Tax Credit as well as other appropriate methods to provide income security. Again, since Hispanics have lower wages an increase in the minimum wage may provide additional discretionary income, which could go toward savings and investments.

Symposium participants were also concerned with inequality related to island Puerto Ricans, who despite being U.S. citizens that pay the same share into Social Security, are not entitled to the same Social Security benefits as mainlanders. Policy and administrative changes are needed that will address these inequalities in benefits.

### **Priority Issue #1 – Income Security**

- Increase public education on financial planning and management.
- Increase in discretionary income for Hispanic seniors and families.
- Ensure a fair Social Security system for all U.S. citizens.

### **Barriers**

- Resources and political will to invest in proven strategies.
- Political barriers in changing current anti-family policies, particularly those that are income and tax-related.
- Changes in current U.S. tax policy needed.
- Absence of community-based organizations in a number of Hispanic neighborhoods

### **Proposed Solutions**

- Invest in effective public education strategies and local capacity-building initiatives.
- Invest in public education.
- Invest in capacity building of community-based organizations, as they are a trusted and accessible source of information and services for the Latino elderly and their families.
- Invest in Limited English Proficient (LEP) strategies – Executive Orders to better serve LEP populations need to be backed by financial investment. Translating

documents alone will not work and public education is needed in neighborhoods where Hispanic elderly live.

- Increase the minimum wage to increase the probability that discretionary income will be used for savings and investments.
- Change policies that punish the elderly if family members are part of their households and contribute financially – especially if those members are low-income and are transiently active in the workforce.
- Promote and educate Hispanics on the Earned Income Tax Credit and the Saver Tax Credit.
- Invest in financial counseling programs in low-income neighborhoods that can help seniors plan and manage finances.
- Strengthen Social Security so that it is fair and an intergenerational insurance program and not just a retirement program.
- Raise the taxable cap from \$90,000 to \$140,000.
- Have state and local government employees pay into the Social Security system.
- Provide U.S. citizens and residents of Puerto Rico the same benefits as mainland U.S. citizens.

### **Health Promotion, Disease Prevention, Education & Outreach: Background**

Prevention, education, and outreach were viewed as major issues in the Latino community particularly as they pertain to the elderly. As a result of language, culture, lower educational and health literacy levels it is extremely important to build the network and infrastructure needed to address the areas of mental health, disease management, and prescription drugs. The best way to address these problems in an appropriate way is to utilize community-based organizations, clinics, and other local agencies – a trusted source of information and services for Hispanic seniors.

It is especially troublesome to note that mental health, dementia, and cognitive impairment will continue to rise as the baby boomers retire. The rate of suicide is highest among youth and the elderly population. Unfortunately, however, Medicare or other health insurance plans do not provide coverage at the same rate for mental illnesses. The problem is worsened when you factor in the fact that there are very few Hispanics in the mental health professions pipeline and there is limited curriculum instructing best practices in treating Hispanic elderly with mental illness. There is a dearth of research, including clinical trials, to inform services. In addition, Hispanic elderly often have an added burden of raising grandchildren, thereby adding to their stress and possibly putting the child at risk. Latinos in general do not seek mental health help, due to social stigma and lack of trust. In order to combat these barriers the first line of defense must be to prepare primary care physicians, clinicians, nurse practitioners, and physician's assistants in the field of behavioral health for elder adults, especially when the statistics show that over 90% of all the suicides of older adults saw their primary care physician thirty days before the completion of the suicide.

While Hispanics live longer than the general population, they also are more susceptible to chronic diseases, such as diabetes, for which complications can be disabling and costly. Consequently, disease management is seen as a crucial component to combating

preventable diseases. Disease management can also be closely tied to the cost of prescription drugs. With little disposable income Hispanic seniors have a difficult time managing their ailments when they can't afford their medications. It is imperative that seniors be educated on and enrolled in the Medicare Prescription Drug Plan. Again, community-based organizations and clinics were identified to be the most viable strategy to reaching the Hispanic elderly, so as to combat behavioral health, disease management, and prescription drug issues. The Centers for Medicare and Medicaid needs to allocate funds for outreach at the community level, in order for seniors to receive one-on-one help in signing up for the Prescription Drug Program, or adjusting to any major changes that affect the way they access their needed prescriptions. Any major change must be accompanied by sufficient allocated funds for outreach to populations that have limited English proficiency or who are not always reached by mainstream messages, i.e. Latino seniors.

### **Priority Issue #2 – Health Promotion, Disease Prevention, Education and Outreach**

- Mental health, dementia, and cognitive impairment.
- Disease management, in particular diabetes management.
- Cost of prescription drugs.

#### **Barriers**

- Financial barriers.
- Shortage of culturally and linguistically competent mental health professionals that are accessible by Hispanic elders.
- Low health literacy level among the general population, but especially acute among the Hispanic elderly.
- The Medicare Prescription Drug Plan is an intimidating and complex system, particularly for Hispanic elderly who have low educational attainment, low health literacy levels, and language and cultural barriers.
- Political barriers also exist, as CMS is not allowed to negotiate lower drug prices.

#### **Proposed Solutions**

- Medicare should pay the same benefit for mental health services as it does for medical care (80% versus current 50%). Parity is an issue that needs to be addressed.
- Strengthening the pipeline of Hispanic mental health professionals by investing in student loans and repayment programs, in addition to changing Visa and foreign policy to recognize the shortage of mental health professionals, thereby encouraging foreign trained professionals to practice in the U.S.
- Enhance the behavioral health screening skills of health care providers on the front lines, i.e. primary care physicians, clinicians, nurse practitioners, physician's assistants, etc., who are key to diagnosing mental illness and preventing catastrophic events.
- Invest in and develop more community-based mental health services.
- Increase funding that is allocated to conducting long-term research studies on the Hispanic elderly and the effectiveness of current disease prevention and health promotion programs.

- Culturally and linguistically appropriate approaches need to be used to raise low health literacy levels and improve disease management by the Hispanic elderly.
- Community-based approaches need to be utilized, i.e., community-based organizations and health clinics, lay health educators, etc.
- Use language and culturally based approaches to educate and enroll seniors in the Medicare Prescription Drug Plan, i.e., community-based organizations and lay health educators.
- Allow CMS to negotiate lower drug prices.

### **Grandparents Raising Grandchildren: Background**

Relatives are raising 6 million children in the U.S. and 2.4 million grandparents are providing care for children, with 60% of those grandparents being more likely to live in poverty than their peers. In addition, 2.2 million children are in homes with no parents and half of those are under the age of six. The incidence of grandparents raising grandchildren is greatest between the ages of fifty and sixty-four and recent studies have shown that there are significant declines in physical and mental health during these ages.

The vast majority of children being raised by relatives are cared for through informal custodial relationships. This indicates a need to formalize caretaker relationships in order to provide caretakers with financial compensation, medical insurance for the children, and assistance with enrolling them in school. Legal systemic changes are needed that would serve in formalizing caretaker relationships and access to financial resources.

### **Priority Issue #3 – Grandparents Raising Grandchildren**

- Formalize informal caretaker relationships.
- Establish respite programs for Hispanic seniors.
- Enroll qualified grandparents in Medicaid and Medicare programs, housing subsidy programs, or other benefits for which they may qualify.

### **Barriers**

- Funding and political will.
- Funding, developing, and formalizing of community-based programs.
- Outreach and enrollment of isolated seniors.

### **Proposed Solutions**

- Subsidized guardianship
- Amend the National Family Caregiver Support Program so that it applies to those aged between fifty and sixty years of age (covering the vast majority of caretakers).
- Extend health benefits to children raised by their grandparents or other family members.
- Change medical and educational consent laws so that they are consistent across the country.
- Fund legal assistance programs so that caretakers can legally obtain guardianship.
- Increase housing rental assistance for grandparents raising grandchildren.
- Fund community-based organizations, churches and other local organizations to set up respite programs for grandparent taking care of their grandchildren so that they

can tend to their own needs, i.e., health care, physical activity, etc., which tends to decline when raising a grandchild.

- Extend support to community-based organizations, which have a track record of reaching under-serve populations so that they can assist seniors in determining their eligibility.